

***OFFICE OF THRIFT SUPERVISION***

***NOTICE TO ESTABLISH A BRANCH OFFICE OR FOR CHANGE OF LOCATION OF  
AN OFFICE***

**PAPERWORK REDUCTION ACT STATEMENT**

The Office of Thrift Supervision (OTS) will use this information to approve a federally-chartered institution's proposal to establish a branch or change the location of an existing branch office and to determine if the federally-chartered institution qualifies for expedited processing treatment of its application. 12 C.F.R. § 545.92 requires federally-chartered institutions to file an application with the OTS.

Collection of the information is mandatory.

Public report burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. If a valid OMB Control Number does not appear on this form, you are not required to complete this form. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of Thrift Supervision, Examinations and Supervision, 1700 G Street, N.W. 20552; and to the Office of Management and Budget, Paperwork Reduction Project (1550-0006), Washington, D.C. 20503.

Docket Number: \_\_\_\_\_

**OFFICE OF THRIFT SUPERVISION**

**NOTICE TO ESTABLISH A BRANCH OFFICE OR FOR CHANGE OF LOCATION OF AN  
OFFICE**

TO: Office of Thrift Supervision

Date of Notice \_\_\_\_\_

We, the undersigned executive officer and secretary, pursuant to the resolution of a majority of the members of the board of directors, of:

\_\_\_\_\_  
Savings Institution Name

\_\_\_\_\_  
Street Address of Savings Institution (include City, State, and Zip Code)

(hereinafter the Institution), hereby provide notice to the Office of Thrift Supervision (OTS) that the Institution intends, within 12 months of the date of this notice, to establish a branch office or change the location of an office, pursuant to 12 C.F.R. §§ 545.92, 545.95 and 556.5:

\_\_\_\_\_  
New address of branch office (if unable to provide exact address, inform Regional office of the address at opening date)

\_\_\_\_\_  
Present address of branch office, if a change of location involved

We, the undersigned, do hereby certify:

1. That, to the best of our belief, the Institution qualifies for expedited treatment, pursuant to 12 C.F.R. § 516.5;
2. That the Institution will abide by all related rules, regulations and guidance issued by the OTS;
3. That we are aware that OTS may request additional information or may impose conditions on the establishment of or change of location of an office and may determine that the establishment or change of locations does not comply with the requirements of 12 C.F.R. §§ 545.92, 545.95 or 556.5;
4. That the Institution is aware of the publication of notice requirements, pursuant to 12 C.F.R. § 545.92(d)(1), and that the Institution has published notices in accordance with regulations;
5. That if a protest based on 12 C.F.R. Part 563e is filed, the branch office may not open until OTS provides notice of its approval; and
6. That the Institution has attached any additional information required pursuant to 12 C.F.R. §§ 545.92, 545.95 and 556.5, and any public comment letters received.

\_\_\_\_\_  
Executive Officer

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date of Receipt by OTS